DOCUMENT RESUME

ED 032 355 UD 002 452

The Role of the Speech Pathologist in the Management of Language Difficulties in Children. Conference Report (Ann Arbor, Mich., October 17-18, 1967).

Yeshiva Univ., New York, N.Y. Graduate School of Education.
Spons Agency-Office of Education (DHEW), Washington, D.C.
Pub Date Oct 67
Contract-OEC-6-10-243
Note-18p.
EDRS Price MF-$0.25 HC-$1.00
Descriptors-Audiology, *Children, *Conference Reports, Curriculum Development, Interdisciplinary Approach, *Language Handicapped, Language Handicaps, Professional Training, Specialists, *Speech Pathology, Speech Therapists

This report describes the proceedings of a conference on the role of the speech pathologist. Four major questions were discussed: (1) the identification of the problem of providing programs for language handicapped children; (2) the current role of the speech pathologist in the management of programs for the language handicapped; (3) the future role of the speech pathologist; and (4) the relationship of speech pathology and audiology to other service disciplines. Conference participants recommended that current training practices be surveyed and curriculum needs for training pathologists be studied. Also, a formal mechanism for interdisciplinary coordination of specialties in the area of children's language difficulties should be established. (NH)

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CONFERENCE REPORT

"The Role of the Speech Pathologist in the Management of Language Difficulties in Children" *

October 17 and 18, 1967
Ann Arbor, Michigan

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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UD 002 452

* This Conference was held under the terms of U.S. Office of Education Contract #6-10-243 (Project on Stimulation and Development of Research Related to the Education of the Disadvantaged and/or Segregated). Dr. Edmund W. Gordon, Professor and Chairman of the Department of Educational Psychology and Guidance at Yeshiva University's Ferkauf Graduate School of Humanities and Social Sciences, was Project Director.

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Introduction

The speech and hearing profession is currently faced with a challenge of great proportion and with far-reaching implications. With the advent of massive federal funding for the handicapped associated with increasing demands by state and local educational agencies for better services for the handicapped, the speech pathologist is being asked to accept a greater responsibility for the management of language problems in children. The chief issue raised by this challenge is whether the speech pathologist can and should accept the responsibility.

It has been an assumption by the profession of speech pathology and audiology that language problems of children decidedly fall within the province of professional interest and care of the speech pathologist. The speech and hearing profession has had a traditional interest in language. It began with the professional concern about the adult aphasic and expanded to problems of the "aphasic" child. At first, these children were thought to possess a language problem analagous to the problems found in adult aphasia. The early diagnosis and treatment procedures for these children were based on the methods used for adults, with some modifications. In the determination of language ability, tests were devised which assessed the

child's articulation of sounds, vocabulary, grammatical usage (in a traditional sense), reading and writing skills, and computation ability. Any deviation from adult norms represented a language problem.

Much of the professional activity in providing services for children with language problems was accomplished in hospital, university or community clinics. Speech and hearing specialists in public and nonpublic school programs were infrequently engaged in the provision of services for these children, because as a rule, they were referred to other agencies.

With increasing national concern for the provision of better services for the language handicapped child in all settings--hospital clinics, university and community centers, and public and nonpublic school programs--the profession of speech and hearing has had to review its efforts and actual contributions to this population. Therefore, it is time for one to ask about the significance of the role of the speech pathologist in the management of language problems in children. Some critics have argued that the child with a severe language disorder represents a diagnostic problem well beyond the skills of most speech pathologists. Others have observed that the habilitative services offered to the language handicapped child are more educational rather than clinical in nature and may not be the proper domain of a profession which has not fully prepared its members for classroom teaching.

In addition to the concern for the child with a language disorder, the question about services for the child with a dialect (Negro, Spanish-American, mountain-regional, etc.) has been proposed. Recently, the American Speech

and Hearing Association, the national professional and scientific organization representing the field of speech pathology and audiology, was requested to develop a manual on speech and hearing services for Project Head Start programs. During the deliberations of the Committee assigned the task of writing the manual, it became clear that the speech pathologist may have an extremely important role to play in the development of language as well as speech in certain youngsters in Head Start programs.

In view of these developments, need for a conference to explore the issues described above was communicated to Dr. Edmund Gordon, Chairman of the Department of Educational Psychology, Graduate School of Education, Yeshiva University. Under the aegis of Yeshiva University and through a grant provided by the U.S. Office of Education, a small invitational conference was held for the following express purposes:

a) to explore the present role of the speech pathologist in the provision of diagnostic and therapy services for children with language impairments, regardless of etiology (brain damage, emotional disturbance, mental retardation, and social and cultural deprivation);

b) to determine what skills must be acquired by the speech specialist in order to meet the expanding needs of programs such as Project Head Start; and

c) to suggest what should the role of the speech pathologist be in the treatment of language difficulties in children, especially in view of the contributions of linguists, teachers of English, and language arts teachers.

To this conference was invited Dr. Tina Bangs, a speech pathologist who is currently engaged in developing a new model of teacher-clinician for the classroom management of children with language problems; Dr. William Diedrich, a speech pathologist who is involved in the diagnosis and management of pre-school and school age children with severe language difficulties for the Bureau of Child Research and the Medical School at the University of Kansas; Dr. Delores Kluppel, a psycholinguist, who established a language specialist training program at the University of Wisconsin; Dr. Richard Schiefelbusch, Director of the Bureau of Child Research, University of Kansas, and project coordinator of an intensive study of the language problems of the mentally retarded; Dr. Ronald Tikofsky, Chairman of the Psycholinguistics Program, University of Michigan, who is, in addition to his background in linguistics, a speech pathologist; and Dr. Michael Marge, a speech pathologist, whose major professional interest has been the management of language disorders in children and who is currently engaged in a study of role definitions for speech pathologists in the area of language development and disorders. Dr. Marge functioned as chairman of the conference. Appendix 1 lists the names and addresses of the conferees.

The conferees met on the evening of October 17 and throughout the day on October 18 in Ann Arbor. Refer to Appendix 2 for the agenda of the Conference.

Definitions of Language

The conferees devoted a good portion of the conference time to the development of a suitable definition of language. The first step was to

identify the parameters of the concept "language." It was decided that with some modification, J. B. Carroll's definition of language may be tentatively adopted:

> Language is a structured system of arbitrary vocal, graphic, and gestural symbols which is used in interpersonal communication and which catalogs the things, events, and processes of human communication.
>
> (From Carroll, J.B., "Language Development in Children," in Psycholinguistics, A Book of Readings, Saporta, S. (Ed.). New York: Holt, Rinehart and Winston, 1961.

The original definition excludes reference to written symbols and gestural behavior and it was suggested that these two aspects be incorporated so that our deliberations will be concerned about the behaviors of speaking, gesturing, reading, and writing. To further elaborate the definition tentatively adopted for discussion purposes, "speech" was differentiated from "language" as behaviors related to the motor activity and perceptual processes of the speaker by which language is transmitted. Further distinctions were recommended as follows:

> Language refers to the meaningful use of vocabulary and sentence structure both oral and written. Vocabulary refers to words and their meaning (lexical items and their semantic values.) Sentence structure refers to rules governing the use of vocabulary (grammar).
>
> Speech refers to the process of producing the sounds, stress, rhythm and intonation by which oral language is expressed.

The conferees also considered definitions of "language problems" and generated the following:

> A language deviation is a condition in which the child has not acquired the code of his linguistic community or in which the child or adult loses the code after acquiring it.

> A sub-cultural language form refers to any acquired linguistic code which is not in correspondence with the standards of the dominant linguistic code of the community.

It should be noted that the terms"language disorder," "language problems," and "language pathology" are implied by the general definition of language deviation. It incorporates the traditional concepts of congenital and acquired language problems and purposely avoids any reference to etiology of difficulty.

The reference to a "sub-cultural language form" attempts to eliminate the pathological implications found in traditional definitions of the language learning difficulties of speakers from sub-cultures who are using dialectal forms. The most emphatic criticism of such traditional definitions alludes to the reference that sub-cultural dialects represent language pathologies. The conferees felt that it is necessary to remove this onus in light of current knowledge about the nature of such linguistic codes.

The Current Role of the Speech Pathologist.

The conferees devoted considerable time to a discussion of the need to assess the present role of the speech pathologist in the provision of services for children with language difficulties, regardless of etiology. It was the consensus of the conferees that the speech pathologist is essentially

committed to the provision of professional services to the language handicapped. In all job environments in which he functions--the university center, hospital clinic, community center, private practice and public and nonpublic school program--the speech specialist generally perceives the language impaired child as a responsibility appropriate for his professional concern. Though the exact numbers of speech pathologists and audiologists who are continously engaged in the management programs for the language handicapped are unknown, it was the observation of the conferees that almost all speech and hearing professionals have had experience or are currently involved with service programs for this child.

To explore the magnitude of the professional activity in this regard, the conferees began to consider ways in which to implement a study of current practices. Dr. William Diedrich reported on a preliminary study of attitudes and practices in the area of language by directors of college and university training programs in speech and hearing programs in state departments of education. A short questionnaire was mailed to 190 colleges and university training program directors and to 37 state supervisors in August 1967. There were 150 returns from the college and university directors and 31 returns from state supervisors. The questions and the reported results are as follows:

PRELIMINARY QUESTIONNAIRE FOR DIRECTORS OF TRAINING PROGRAMS	(150 returns) YES	NO
1. Do you believe that programs in Speech Pathology and Audiology should be responsible for training language clinicians*?	134	10

*One who is competent in the assessment and treatment of persons with a language deviation or a subcultural language.

	YES	NO	PARTIALLY
2. Does your program now provide a curriculum for training clinicians to work with:			
preschool language deviations	74	6	68
school age language deviations			
spoken language	78	9	60
reading, writing, spelling	23	52	42
adult language deviations			
spoken language	92	9	43
reading, writing, spelling	38	33	46
subcultural language	39	31	64
3. If you do not provide language training now, do you anticipate incorporating such training in the next two years for:			
preschool language deviations	23	7	3
school age language deviations			
spoken language	29	8	3
reading, writing, spelling	20	22	5
adult language deviations			
spoken language	27	5	1
reading, writing, spelling	15	25	5
subcultural language	28	20	3
4. Are the core courses in language development provided:			
in your department	119	19	
outside your department	48	15	
5. Are the core courses in language deviations provided:			
in your department	130	5	
outside your department	19	24	
6. Should teachers trained in departments of education or special education be responsible for school-age children with:			Yes/No
spoken language deviations	50	80	3
reading, writing, spelling deviations	105	20	4
subcultural language	63	51	5
7. Should language clinicians trained in programs for Speech Pathology and Audiology be responsible for school-age children with:			
spoken language deviations	140	2	3
reading, writing, spelling deviations	53	71	2
subcultural language	94	33	1

	YES	NO	PARTIALLY
			Yes/No
8. Do you believe that certification procedures are necessary for a language clinician?	78	46	1
9. If certification in language is necessary who should establish the standards?			
ASHA	101	9	
State Departments of Instruction	45	23	
Other professional groups	22	22	
10. Would you cooperate and complete a detailed questionnaire on the responsibility and participation of Training Programs to the area of language?	135	5	

QUESTIONNAIRE FOR STATE SUPERVISORS (31 returns)

1. Is there a need for training personnel in language for:				
preschool language deviations		29	1	
school age language deviations		29	1	
adult language deviations		23	2	
subcultural language		24	2	
2. Is this need now being met with present training procedures in the area of language for:				
preschool language deviations	B.A. level	2	14	10
	M.A. level	2	9	15
	Ph.D. level	2	9	13
school age language deviations	B.A.	2	9	15
	M.A.	3	5	19
	Ph.D.	4	6	14
adult language deviations	B.A.	1	12	12
	M.A.	2	10	12
	Ph.D.	3	10	11
subcultural language	B.A.	0	10	14
	M.A.	0	8	15
	Ph.D.	1	7	13

	YES	NO	PARTIALLY
3. Should teachers trained in departments of education or special education be responsible for school-age children with:			
spoken language deviations	17	7	3
reading, writing, spelling deviations	23	5	0
subcultural language	21	4	3
4. Should language clinicians trained in programs for Speech Pathology and Audiology be responsible for school-age children with:			
spoken language deviations	26	3	1
reading, writing, spelling deviations	10	17	1
subcultural language	20	8	1
5. Do you believe that certification procedures are necessary for a language clinician?	21	7	
6. If certification in language is necessary who should establish the standards?			
ASHA	12	3	
State Department of Instruction	20	1	
Other professional groups	3	5	
7. Does your state now have certification procedures for the language clinician?	7	23	
8. Is your state planning to implement certification procedures for the language clinician?	7	16	

It was suggested that a more detailed study of attitudes and practices be conducted under the auspices of the American Speech and Hearing Association. Dr. Ronald Tikofsky agreed to explore the matter and implement the recommendation in collaboration with ASHA. It was further suggested that a more extensive questionnaire be sent to the same respondents used in the Diedrich study and to a sample of practicing speech and hearing specialists.

Future Role of the Speech Pathologist.

As the conferees considered the future role of the speech pathologist, it was felt that the speech professional will become more and more substantially engaged in the provision of services for the language handicapped. And,

according to his individual skills and interest, he may also function to advise and supervise programs of speech improvement conducted by classroom teachers and programs of language training for the speaker of a subcultural language form, such as a dialect. Therefore, it was suggested that the speech pathologist will become the "manager" of speech and language programs for children with a need for assistance covering the continuum from minor to major difficulties, regardless of etiology.

There are several reasons for this view. First, as we indicated previously, speech pathologists have had a traditional interest in language and this interest has increased over the period of the past 15-20 years. Second, the clinical skills and child development experience of the speech pathologist provide him with an orientation most suitable for modification of speech and language behavior. And third, the potential manpower resource available in speech and hearing to serve the Nation is of sufficient size to assume a commitment of national magnitude. There are approximately 14,000 speech and hearing specialists who are trained to provide at the least, limited services to the language handicapped. With additional specialized training, many of these professionals can be prepared for full commitment to this population.

It is not being suggested that the speech pathologist is the only professional who can or will provide assistance to the language handicapped. In fact, he will most likely be one of a number of specialists engaged in this activity. No professional group has a monopoly on knowledge; therefore, along with the speech pathologist will be found specialists from linguistics,

psycholinguistics, special education, language arts, psychology, etc. The professional groups will have to seek ways in which to coordinate their research, training and service activities if they wish to effectively and efficiently address themselves to this national problem. Some formal mechanism should be established in order for these disciplines to collaborate.

One of the first steps by this multi-disciplinary group is to analyze what are the specific needs of the language handicapped and what activities are included in the appropriate management of the language program. The analysis will identify the responsibilities of the various specialists engaged in programs of language training, thus avoiding overlapping functions and duplication of effort. Also, the types of skills and information needed to carry out an effective program of services for these children will result from the deliberation of a number of professional groups, each working at this problem from a different vantage.

Once the current activities of the speech pathologist in the area of language are summarized and studied, recommendations to college and university training program directors will be made. The future role will be a new role in which the speech pathologist will be expected to assume a major responsibility in the management of language training. College and university curriculum in speech and hearing will undergo a transformation. More profound study will be required in linguistics, psycholinguistics, learning theory, new teaching methodologies (such as the application of operant conditioning techniques), the teaching of primary and elementary grade subject matter,

such as reading, writing and computational skills. In addition, broader experiences with all types of language difficulties in children will be offered. Such experiences should include the application of evaluation and interventional techniques to children on an individual or group basis. It is expected that a number of models of training professional personnel will evolve. Therefore, no attempt at this time should be made to limit the creativity which one may expect from 240 college and university training programs in speech and hearing which are faced with the problem of developing an appropriate course of training to meet the need for specialists in the area of language. It may be necessary, however, to establish standards of professional performance in order to protect the public from unethical practice and rank incompetency. The American Speech and Hearing Association should consider this as its responsibility for the speech pathologist and should consider this issue at the appropriate time.

It was suggested by one conferee that the incorporation of new knowledge from linguistics and learning theory in the curriculum for training speech pathologists and audiologists, may revise the whole philosophy and approach to speech and language difficulties utilized by speech and hearing specialists. Children will be evaluated and treated in terms of their language abilities, not their articulatory proficiency or vocabulary size. Articulation will be perceived as part of the total picture of language acquisition in the child. Adult standards of language development may be entirely abandoned and replaced by criteria reflecting the more valid measures for children in various stages of development.

Summary and Recommendations.

During the one and one half day period, the conferees deliberated upon four major questions concerning the role of the speech pathologist in the management of language difficulties in children. The questions concerned the following: a) the identification of the problem of providing programs for the language handicapped, including definitions of language, language deviation, and sub-cultural language form; b) the current role of the speech pathologist in the management of programs for the language handicapped; c) the future role of the speech pathologist; and d) the relationship of speech pathology and audiology with other disciplines in providing services for the language handicapped child.

Various suggestions and recommendations resulted from the Conference. They are as follows:

a. A comprehensive survey of current practices in training and services by speech pathologists should be conducted.

b. A study should be made of the necessary components for a curriculum to train speech pathologists to function effectively in language training programs for children.

c. To coordinate the efforts of all disciplines interested in research, training and services in the area of language difficulties in children, a formal mechanism should be established as soon as possible.

APPENDIX 1.

Conference on "The Role of the Speech Pathologist in the Management of Language Difficulties in Children"

October 17 and 18, 1967
Ann Arbor, Michigan

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APPENDIX 2

AGENDA

Conference on "The Role of the Speech Pathologist in the Management of Language Difficulties in Children"

Ann Arbor, Michigan

October 17, 1967

7:00 - 10:00 p.m. Dinner meeting at the Town Club in Ann Arbor.

Discussion of the current role of the speech pathologist in the management of language difficulties.
Report of the survey of training program directors and state supervisors in speech and hearing: Dr. William Diedrich. Group Discussion

October 18, 1967 All-day meeting in the Small Conference Room, Statler Hilton Motel

9:00 - 12:00 noon Definitions of language and language problems.

12:00 - 1:00 p.m. Lunch

1:00 - 3:00 p.m. Discussion of the future directions and specific objectives of the field of speech pathology and audiology in the area of language.

3.00 - 5:00 p.m. The relationship of speech pathology and audiology with other disciplines in the provision of services to the language handicapped.